



KBRC NEWSLETTER 2007 Spring/Summer

OUR MISSION STATEMENT

The Kentucky Board of Respiratory Care is a Government Agency that regulates respiratory care practitioners and their services. The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from unsafe practitioners and practices.



Board Information

- B.T. Westerfield, M.D., F.C.C.P.**
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- Klaus O. Becker, RRT**
Vice-Chairman
- Anna J. Jones, BS, RCP**
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- Wade Root, BHS, RRT**
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- Patricia Fisher, RRT**
Board Member
- Tamara McDaniel, RRT**
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- Cheryl Lalonde, AAG**
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- Tom Floro, RRT,**
Board Investigator
- Janet Vogt, RRT**
Board Investigator
- Peggy Lacy Moore**
Executive Director
- Rick L. Rose**
Board Administrative Assistant

Contact Board : (859) 246-2747,
Fax: (859) 246-2750 or online at :
<http://kbrc.ky.gov>

Above photos courtesy of the AARC photo archive.

The Respiratory Care Licensing Process for Kentucky

The KBRC is concerned about the number of applicants, schools and facilities that are unaware of the licensure process and the steps needed to receive proper license in the state of Kentucky. Passing the NBRC certification test will only give individuals their CRT credentials, not their state license.

The procedures for licensure that follow are designed to protect the individual as well as the facility from liability that could arise from someone being on staff without proper license which could result in fines for both the individual and the facility.

\$50.00 Limited Mandatory or Student License is required for those students who intend to work while in school. It is a 3yr. license that expires once the individual graduates. All remaining time of Student License will expire. To continue working, individuals must apply immediately for a Temporary License with the KBRC.

\$85.00 Temporary License is a 6 month license based from the date of graduation or until the individual passes the NBRC credentialing exam. Proof of graduation must be sent to receive the license. Once the individual has passed the NBRC, the remainder of the 6 months will expire and the individual must immediately update to the final application for Mandatory License with the KBRC.

\$125.00 Mandatory License is the final process for the individual to become a fully licensed respiratory therapist. Once a person has passed the CRT exam, the individual must send a copy of the test score together with the application for a Mandatory License and appropriate payment. The new therapist will receive a license number and license information. The new therapist must renew the license every 2 years and have 24 CEUs to continue working in the state of Kentucky.

Therapists from other states must use the same \$125.00 Mandatory License Application. They will be required to send proof of NBRC credentials and all current license status from other states, to be licensed in the state of Kentucky.

Contact the KBRC if you have any questions about the licensing process.



KBRC Working with KY.GOV for Online Verification & Renewal

KY.GOV is developing services for the KBRC to offer online verifications hopefully by mid June and online renewals by the beginning of November, for the 2008 Renewals.

Get to know your KBRC Board members

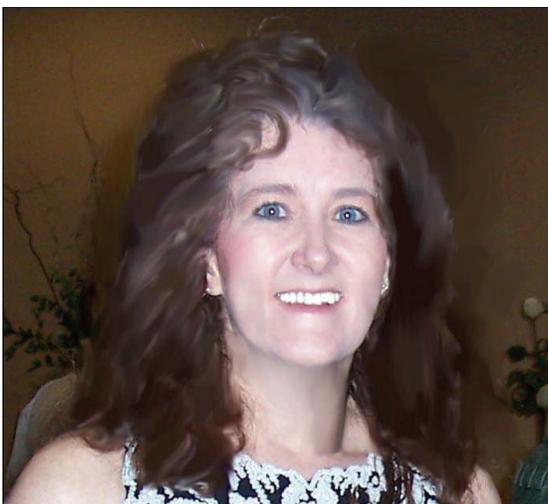
Board Member Profile: Wade Root, BHS, RRT



Wade Root is a 1989 graduate of the Lexington Community College Respiratory Therapy program. Upon graduation Wade worked at St. Joseph Hospital as a staff therapist until 1993 when he moved to Louisville. In Louisville Wade worked at the Department for Veterans Affairs Medical Center until 1995 when he joined the staff at the University of Louisville Hospital. In 2001 Wade completed a Bachelors of Health Sciences degree and is currently the Clinical Specialist of Cardiopulmonary Services at University Hospital. He has two sons and is actively involved with his church and the Kentucky Society for Respiratory Care. Wade plans to attend graduate school in the near future.



Board Member Profile: Anna Jones, BS, RCP, CCMEC



Anna Jones joined the KBRC in April 2005. Ms. Jones brings to the board over 20 years in healthcare experience. Ms. Jones is from Woodbine, Kentucky. She started her career in respiratory as Office Manager at Baptist Regional Medical Center in Corbin, Kentucky. She became a Respiratory Care Practitioner in 1991. She was a member of the committee that developed KBRC Licensure and plays an active role in her professional organization both locally and nationally. Ms. Jones works for the Southern Kentucky Area Health Education Center (AHEC) as Assistant

Director/Outreach Education Coordinator and has been with the AHEC for over 12 years. In her current position she develops programs for physicians, healthcare personnel and the general public for a 15 county service area.

2006 ARCF Award Recipients



Christy Kane, MED, RRT-NPS

Congratulations to Christy Kane, winner of the NBRC/AMP Gareth B. Gish, MS, RRT Memorial Education Recognition Award. The 2006 ARCF Awards were presented in Las Vegas, NV, on December 11, 2006, at the AARC's 52nd International Respiratory Congress. Best wishes and congratulations from the Kentucky Board of Respiratory Care.



Lapsed Licensure—No Licensure



At the February 2007 meeting the Board discussed guidelines for legal counsel to take actions against individuals who have worked without proper license. The Board approved legal counsel and staff to issue Agreed Orders for those individuals found to have worked illegally up to two (2) weeks) and up to \$750 (\$50 per day) in fines. Any person found over \$750 and more than two (2) weeks, would need approval by the Board at it's next scheduled meeting before license could be granted.

2007 Disciplinary Actions & Fines

Several individuals had disciplinary action or fines levied against them for working without a proper license and failing to renew their license during the renewal period. Fines are based on days worked after the January 30th deadline at \$50.00 per day. The KBRC takes working without proper licensure very seriously and views failure to renew license without legitimate reason as unprofessional. Keeping track of your expiration date, providing proper address changes, name changes and filling out renewal forms properly, all help the therapist to avoid these disciplinary actions. Actions taken by KBRC as of March 27, 2007:

1. Melissa G. Gray– Agreed Order & Fined \$ 50.00
2. Linda Mills– Agreed Order & Fined \$ 150.00
3. Jennifer L. Sparks– Agreed Order & Fined \$ 750.00
4. Barbara Williamson- Agreed Order & Fined \$ 100.00
5. Amanda K. Howard– Agreed Order & Fined \$ 1500.00, 90 day Suspension
6. James E. Lawson, III– Agreed Order & Fined \$750.00
7. Jessica D. Blanton– Agreed Order & Fined \$ 450.00
8. James A. Dean– Agreed Order & Fined \$ 650.00
9. Elizabeth M. Dean– Agreed Order & Fined \$ 300.00
10. Shirley Henderson– Agreed Order & 6 month suspension
11. Katrina Baker– Agreed Order & 6 month suspension





NEWS OF NOTE

One in Four Hospital Patients Is Admitted With a Mental Health or Substance Abuse Disorder.

Almost one-fourth of all stays in U.S. community hospitals for patients age 18 and older—7.6 million of nearly 32 million stays—involved depressive, bipolar, schizophrenia and other mental health disorders or substance use related disorders in 2004, according to a new report by HHS' Agency for Healthcare Research and Quality.

This study presents the first documentation of the full impact of mental health and substance abuse disorders on U.S. community hospitals. According to the report, about 1.9 million of the 7.6 million stays were for patients who were hospitalized primarily because of a mental health or substance abuse problem. In the other 5.7 million stays, patients were admitted for another condition but they also were diagnosed as having a mental health or substance abuse disorder.

Nearly two-thirds of costs were billed to the government: Medicare covered nearly half of the stays, and 18 percent were billed to Medicaid. Roughly 8 percent of the patients were uninsured. Private insurers were billed for the balance. The study also found that one of every three stays of uninsured patients was related to a mental health or substance abuse disorder.

"Community hospitals play an important role in the treatment of people with mental health and substance abuse disorders," said AHRQ Director Carolyn M. Clancy, M.D. "This report gives health care policymakers an in-depth look at the impact of mental health and substance abuse care on the health care system."

Substance Abuse and Mental Health Services Administration Administrator Terry Cline, Ph.D., said, "The significant number of hospital stays related to mental health and substance use disorders signals the need for an increased national effort to identify and intervene early before the conditions require a hospital stay. Too often because of social stigma or lack of understanding, individuals and health care providers don't recognize the signs or treat mental health or substance use disorders with the same urgency as other medical conditions."

AHRQ found that most patients with mental health and substance abuse disorders were older. For example, although people age 80 and older comprised only 5 percent of the U.S. population in 2004, they accounted for nearly 21 percent of all hospital stays for these conditions—principally for dementia. There were also gender differences. The most frequent admitting diagnosis for women was mood disorders, while that for men was substance abuse.

AHRQ also found that patients who have been diagnosed with both a mental health condition and a substance abuse disorder—those with "dual diagnoses"—accounted for 1 million of the nearly 8 million stays. Nearly half of these cases with dual diagnoses involved drug abuse, a third involved alcohol abuse, and one in five involved both drug and alcohol abuse.

In addition, 240,000 women hospitalized for childbirth or pregnancy also had mental health or substance abuse problems. Four of every 10 of these patients were between 18 and 24 years of age. *(Cont. on page 5)*

News continued

Suicide attempts accounted for nearly 179,000 hospital stays. Of these, 93 percent involved a mental health condition—most commonly mood disorders—and/or substance abuse. Nearly three-quarters of these patients were between ages 18 and 44 and more than half were women. Poisoning, by overdosing prescription medicines or ingesting a toxic substance was the most common way patients attempted suicide.

The report is based on 2004 data—the latest currently available—from AHRQ's Healthcare Cost and Utilization Project Nationwide Inpatient Sample, a database of hospital inpatient stays that is nationally representative of all short-term, non-federal hospitals. The data are drawn from hospitals that comprise 90 percent of all discharges in the United States and include all patients, regardless of insurance type, as well as the uninsured. For details, go to *Care of Adults with Mental Health and Substance Abuse Disorders in U.S. Community Hospitals, 2004* at <http://www.ahrq.gov/data/hcup/factbk10/>.

For more information, please contact AHRQ Public Affairs: (301) 427-1539 or (301) 427-1855.



FYI - Dates for your calendars.



AARC Summer Meetings:

Reno/Lake Tahoe, July 12 – 17, 2007

The 53rd AARC International Respiratory Congress

Dec. 1– 4, 2007 Orlando, Florida

2007 Respiratory Care Week

Oct. 21– 27

2007 Lung Health Day

Oct. 24





**Our Website has been updated to serve the
respiratory profession. Visit us at:
<http://kbrc.ky.gov>**



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